## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 257279

Entity Name: THE ISLAND HOUSE APARTMENTS, INC.

## **Current Principal Place of Business:**

200 OCEAN LANE DR MANAGEMENT OFFICE KEY BISCAYNE, FL 33149-1419

## **Current Mailing Address:**

200 OCEAN LANE DR MANAGEMENT OFFICE KEY BISCAYNE, FL 33149-1461 US

## FEI Number: 59-1025684

## Name and Address of Current Registered Agent:

SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

Title	Р	Title	т
Name	OSTROSKI, JOSEPH T MD	Name	CRAYTHORNE, BRIAN DR
Address	200 OCEAN LANE DRIVE #407	Address	200 OCEAN LANE DRIVE SUITE PB-8
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149
Title	D	Title	VP
Name	LARUSSE, LAWRENCE MR	Name	BOWER, ANNE T MS
Address	200 OCEAN LANE DRIVE #508	Address	200 OCEAN LANE DR, #603
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149
Title	S		
Name	SHAW, PATRICIA L MRS		
Address	200 OCEAN LANE #509		
City-State-Zip:	KEY BISCAYNE FL 33149		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

## SIGNATURE: MRS. PATRICIA SHAW

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 15, 2014 Secretary of State CC6549377762

Certificate of Status Desired: No

Date